	QUALITY MANAGEMENT DOCUMENTS	Document No : HD-FR-870 Publication Date :16.09.2025 Revision No :00 Revision Date:..... Page No :1/2
	INFORMED CONSENT FORM FOR PATIENT-CONTROLLED ANALGESIA (PCA) PROCEDURE	

Patient Name-Surname:

Date of Birth:

Date:

Protocol No :

## GENERAL INFORMATION

Dear Patient,

Patient-Controlled Analgesia (PCA) will be used for your pain management. With this system, pain medication will be administered through your IV line (or via an epidural catheter). Using the PCA device, you will be able to administer the medication yourself by pressing the button on the device whenever you experience pain. Thanks to the device's safety program, it is impossible to take too little or too much of the medication. This method aims to:

- Control your pain more quickly and effectively,
- Provide higher-quality pain treatment with fewer side effects.

### Possible Side Effects and Risks:

- Nausea, vomiting
- Itching
- Dizziness, lightheadedness
- Slowed breathing (very rarely)
- Infection or problems at the catheter site during catheter applications

### Patient Responsibility


- You should only press the button on the device yourself. Do not allow others to press it.
- Do not tamper with the device except as instructed by your doctor or nurse.
- Inform the healthcare team if you experience any complaints (shortness of breath, excessive sleepiness, nausea, etc.).

### Declaration of Consent

I hereby declare that I have been informed about the Patient-Controlled Analgesia (PCA) method, its application, benefits, and possible side effects; that my questions have been answered; that I understand the method; and that I accept it.

Patient Name Surname: .....

Signature: ..... Date: ...../...../.....

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Relative (if applicable) Name Surname: .....

Signature: ..... Date: ...../...../.....

Informing Physician: .....

Signature: ..... Date:...../...../.....